

**COGNITIVE PROCESSING OF TRAUMA, PSYCHOLOGICAL  
DISTRESS, AND HELP-SEEKING ATTITUDES AMONG  
NIGERIAN UNDERGRADUATES**

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**ABSTRACT:** Traumatic experiences are increasingly recognized as significant determinants of mental health outcomes. This study examined the impact of cognitive processing of trauma on psychological distress and attitudes toward help-seeking behaviour among Nigerian undergraduates. A quantitative cross-sectional survey was conducted with 389 undergraduate students (female = 227, male = 162) from the University of Lagos, selected via a convenience sampling method. Participants completed validated instruments: the Cognitive Processing of Trauma Scale (CPTS), the Kessler Psychological Distress Scale (K10), and the Attitudes toward Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-SF). Data were analyzed using Pearson's correlation, independent samples t-tests, and linear regression. Results indicated that Maladaptive cognitive processing showed a statistically significant but weak positive correlation with psychological distress ( $r = .141, p < .001$ ). Additionally, adaptive processing positively predicted help-seeking attitudes ( $\beta = .179, p < .001$ ), accounting for 3.2% of the variance. Students with positive help-seeking attitudes reported lower distress ( $M = 29.54, SD = 8.58$ ) than those with negative attitudes ( $M = 30.86, SD = 6.82; t(387) = -1.66, p = .049$ ). These findings demonstrated that maladaptive trauma processing exacerbates psychological distress, while adaptive strategies foster openness to professional help and mitigate psychological distress. The study recommends culturally tailored programs that target maladaptive cognitions to minimize stigma and bridge treatment gaps.

**Keywords:** Cognitive processing, trauma, psychological distress, professional help-seeking behaviour.

## **INTRODUCTION**

The term "trauma" originates from the Greek word "troma," which means "wound" or "hurt." In psychological terms, trauma refers to deeply distressing or disturbing experiences that overwhelm an individual's capacity to cope. Such experiences frequently involve actual or threatened death, serious injury, or sexual violence and may be experienced through direct involvement, witnessing traumatic events, or learning of such events affecting others. Trauma typically triggers feelings of shock, helplessness, and loss of control (American Psychiatric Association, 2013). It often produces psychological symptoms, including intrusive memories, hypervigilance, avoidance, and negative alterations in cognition and mood, which can severely impair daily functioning, reduce quality of life, and increase the risk of comorbid conditions such as depression or substance abuse. While many individuals recover naturally, those who engage in maladaptive trauma processing, which is

characterized by persistent negative appraisals of the traumatic event, are more likely to develop chronic disorders such as posttraumatic stress disorder (PTSD; American Psychiatric Association, 2013; Ehlers & Clark, 2000). The cognitive processing of trauma refers to how individuals interpret, integrate, and cope with traumatic experiences. Cognitive models suggest that certain interpretations and coping strategies can either buffer against or exacerbate trauma's psychological impact (Ehlers & Clark, 2000).

In the Nigerian context, university students face unique and often intense trauma exposures. These include community violence, ethno-religious conflict, accidents, sexual violence, campus cultism, and public health crises (Amedu & Dwarika, 2025; Fayokun, 2011; Mezie-Okoye & Alamina, 2014). Research reveals alarming psychological consequences: PTSD prevalence reaches 23.5% among medical students exposed to ethno-religious violence (Nwoga et al., 2016), while 8.3% of students in non-crisis settings meet diagnostic criteria for depressive disorders (Adewuya et al., 2006). The COVID-19 pandemic further intensified psychological burden, with over 50% of undergraduates reporting moderate-to-severe anxiety and significant proportions experiencing depression during lockdowns (Ojewale, 2021; Olaseni et al., 2020). These outcomes severely compromise academic performance, personal well-being, and long-term societal contributions.

Despite this high burden of trauma-related distress, formal mental health help-seeking remains critically low. Deep-rooted cultural stigma frames mental illness as moral failure or spiritual affliction rather than a health concern (Aina & Morakinyo, 2011; Okafor et al., 2022). Spiritual attributions of trauma, that is, viewing suffering as divine punishment or ancestral curses, deter engagement with psychiatric care (Adewuya & Makanjuola, 2008; Jidiong et al., n.d.). Consequently, 60–70% of students rely exclusively on informal networks such as family members and religious leaders who, while emotionally supportive, typically lack trauma-informed expertise (Amedu & Dwarika, 2025). Systemic failures compound these barriers: fewer than 10% of Nigerian universities maintain functional counseling centers (Abdulmalik et al., 2013), and concerns about confidentiality and service quality further limit utilization (Muhammed et al., 2024).

This study addresses a critical gap by examining how trauma-related cognitive processing influences psychological distress and help-seeking attitudes among Nigerian undergraduates. By identifying maladaptive cognitive patterns that intensify distress or deter help-seeking, this research aims to inform culturally tailored mental health interventions and policies that reduce stigma, promote adaptive coping, and enhance service utilization in this population.

### **Rationale for the Current Study**

The broad objective of this study was to examine the impact of cognitive processing of trauma on psychological distress and attitudes toward help-seeking behavior among Nigerian undergraduates. Specifically, the study sought to:

- 1) investigate the relationship between maladaptive cognitive processing of trauma and levels of psychological distress among Nigerian undergraduates;
- 2) explore gender differences in psychological distress, particularly in relation to maladaptive trauma-related cognitions;

- 3) assess whether adaptive cognitive processing of trauma predicts more positive attitudes toward help-seeking; and
- 4) determine whether undergraduates with positive attitudes toward seeking professional psychological help report significantly lower levels of psychological distress compared to those with negative attitudes.

## **LITERATURE REVIEW**

### **Cognitive Models of Trauma Processing**

Cognitive processing of trauma critically determines whether individuals will experience recovery or prolonged distress. Ehlers and Clark's (2000) Cognitive Model of PTSD demonstrates that maladaptive appraisals, such as viewing oneself as permanently damaged or the world as inherently unsafe, sustain trauma symptoms through fragmented, intrusive memories that perpetuate a sense of ongoing threat. Similarly, Resick et al. (2024) identified "stuck points," defined as rigid beliefs such as excessive self-blame or pervasive mistrust, that block psychological resolution and maintain distress. Both models emphasize that it is not the traumatic event itself but rather the individual's cognitive interpretation and integration of the event that drives symptom persistence.

In contrast to these pathology-focused models, Tedeschi and Calhoun's (2004) posttraumatic growth framework emphasizes positive outcomes such as meaning-making, enhanced relationships, and personal strength when individuals employ adaptive cognitive strategies. Research demonstrates that adaptive processing, including positive reappraisal, acceptance, and downward comparison, facilitates psychological resolution, whereas maladaptive responses such as avoidance, denial, and thought suppression correlate with poorer outcomes (Juczyński & Ogińska-Bulik, 2018; Morina et al., 2020). However, these Western-derived models have limited applicability to African contexts where cultural beliefs, communal values, spirituality, and intergenerational narratives heavily influence trauma interpretation. In Nigeria, traumatic experiences are frequently viewed through spiritual lenses, attributed to divine punishment or ancestral curses, shaping both emotional responses and coping strategies (Jidiong et al., n.d.; Okafor et al., 2022). Such culturally embedded interpretations can either facilitate or impede healing, underscoring the need to understand how Nigerian undergraduates cognitively process trauma within their specific sociocultural environment.

### **Trauma Exposure Among Nigerian University Students**

Nigerian undergraduate students may encounter a range of stressful and adverse experiences. Incidents involving terrorism and mass abductions, particularly in northern Nigeria, have highlighted the potential for serious psychosocial consequences among young people who later pursue higher education (Bertoni et al., 2019). Although systematic documentation of trauma exposure across all Nigerian undergraduate populations remains limited, available evidence from conflict-exposed student samples suggests that traumatic experiences are associated with significant mental health consequences. A study of medical students in Jos reported that 23.5% met diagnostic criteria for PTSD following exposure to ethno-religious violence (Nwoga et al., 2016). Beyond direct conflict exposure, students face additional stressors, including sexual violence, with

prevalence studies indicating significant rates of sexual assault among female undergraduates (Mezie-Okoye & Alamina, 2014), and campus cultism, which exposes students to violence and intimidation (Fayokun, 2011).

Large-scale crises have further demonstrated undergraduate psychological vulnerability. Research conducted during the COVID-19 pandemic found substantial proportions of students reporting symptoms of anxiety, depression, and stress. A study among undergraduates at the University of Ibadan documented notable levels of posttraumatic stress symptoms, anxiety, and depression during the pandemic period (Adewale et al., 2021). Similarly, findings from a state university sample indicated that approximately one-fifth of students reported moderate-to-severe anxiety and over one-quarter reported moderate-to-severe depressive symptoms during COVID-19 lockdowns (Ojewale, 2021). Collectively, these findings underscore the psychological vulnerability of Nigerian undergraduates in contexts of trauma and large-scale stressors, while also highlighting the need for more comprehensive research on the nature and consequences of trauma exposure in this population.

### **Cultural and Systemic Barriers to Help-Seeking**

Help-seeking among Nigerian students remains critically low due to intersecting cultural and systemic barriers. Cultural stigma frames mental illness as moral failure, spiritual affliction, or evidence of weak character rather than a legitimate health concern requiring professional intervention (Aina & Morakinyo, 2011). This stigma is amplified in university settings where peer perceptions carry significant weight and disclosure of mental health struggles risks social ostracism (James et al., 2017; Pederson et al., 2020). Spiritual and religious attributions further complicate help-seeking: many Nigerians interpret mental distress as divine punishment, demonic possession, or ancestral curses, leading them to seek solutions from religious leaders or traditional healers rather than mental health professionals (Okafor et al., 2022). Consequently, 60–70% of students rely exclusively on informal networks such as family members and religious leaders who, while emotionally supportive, typically lack trauma-informed expertise and evidence-based intervention skills (Amedu & Dwarika, 2025).

Systemic failures compound these cultural barriers. Fewer than 10% of Nigerian universities maintain functional counseling centers with trained mental health professionals (Abdulmalik et al., 2013). Where services do exist, concerns about confidentiality, quality of care, and availability of trained staff deter utilization (Muhammed et al., 2024). The Theory of Planned Behaviour (Ajzen, 1991) provides a useful framework for understanding these barriers: negative subjective norms (stigma and cultural beliefs) and low perceived behavioral control (lack of accessible services) interact with negative attitudes to suppress help-seeking intentions and behaviour, even among students who recognize their need for support.

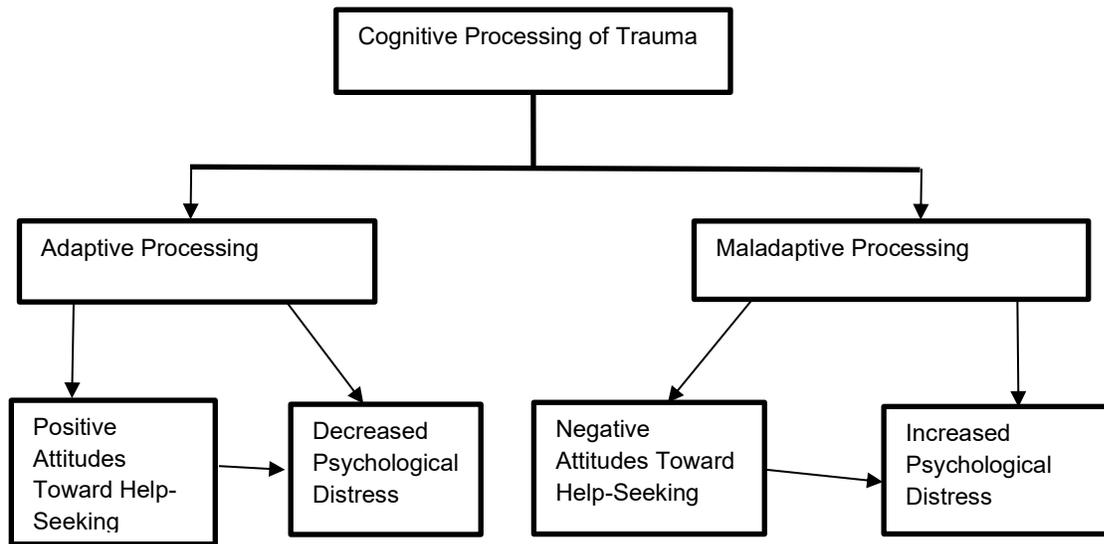


Figure 1. Conceptual Framework

Source: Researcher

### Theoretical Framework of the Study

This study is grounded in two complementary theoretical perspectives: Ehlers and Clark's Cognitive Model of Posttraumatic Stress Disorder (2000) and Ajzen's Theory of Planned Behaviour (1991). Together, these frameworks explain how trauma-related cognitive processing influences psychological distress and attitudes toward seeking professional psychological help.

Ehlers and Clark's Cognitive Model posits that persistent PTSD arises not from the trauma itself, but from *negative appraisals* of the trauma and its sequel, coupled with a disturbance in the *memory* of the event. When individuals make negative appraisals, they develop excessively negative interpretations of the trauma critically. These appraisals create a sense of *current threat*, driving symptoms like hypervigilance and anxiety.

The Theory of Planned Behaviour (TPB; Ajzen, 1991) posits that behavioural intentions (e.g., intention to seek professional help) are predicted by Attitudes: The individual's positive or negative evaluation of performing the behaviour (e.g., "Seeking counseling is beneficial vs. useless"). Subjective Norms: Perceptions of social pressure from significant others (e.g., "My family/friends think I should/should not seek help"). Perceived Behavioural Control (PBC): The perceived ease or difficulty of performing the behaviour (e.g., "I can easily access counseling services," "I feel confident talking to a counselor"). The TPB is highly relevant for understanding attitudes toward help-seeking behaviour. It helps frame how cultural stigma (negative subjective norms), spiritual beliefs (shaping attitudes), and systemic barriers like lack of services (low PBC) interact to predict low help-seeking intentions and behaviour among Nigerian undergraduates.

## **METHOD**

### **Research Design**

A quantitative, cross-sectional survey design was employed to assess the relationships between cognitive processing of trauma, psychological distress, and help-seeking attitudes. This design was chosen because it allows for efficient data collection at a single point in time, enabling the examination of associations between variables as outlined in the conceptual framework. The cross-sectional approach is well-suited for exploratory and correlational research, particularly when investigating psychological constructs in large populations (Creswell, 2014).

### **Sampling procedures**

The sample size was calculated using Yamane's (1973) formula for finite populations:

$$n = N / (1 + N(e)^2)$$

This yielded a sample size of approximately 396 students. To account for potential non-response, 400 questionnaires were distributed. Convenience sampling was employed, recruiting readily available students of the university from lecture halls, hostels, and campus common areas. This non-probability approach was necessitated by the large, mobile student population and pragmatic constraints. While efforts ensured diversity across gender, age, and academic level, although, this sampling strategy limits generalizability and is acknowledged as a key limitation.

### **Research Instruments**

A pencil-and-paper instrument and an online form were used to collect data from participants. The study utilized a structured questionnaire with four sections.

### **Demographic Information**

This section collected data on age, gender, religion, ethnicity, academic level, and faculty. These variables provided context for analyzing responses and exploring subgroup differences.

### **Cognitive Processing of Trauma Scale (CPOTS; Williams et al., 2002)**

The CPOTS is a 17-item scale measuring five cognitive strategies: adaptive processing (positive restructuring, acceptance, and downward comparison, e.g., "I find positive aspects in this experience"); maladaptive processing (regret, denial, e.g., "I blame myself for what happened"). Responses were recorded on a 7-point Likert scale (1 = Strongly Disagree to 7 = Strongly Agree). Higher scores indicate greater use of each processing style. The CPOTS has demonstrated adequate reliability in trauma-exposed samples (Williams et al., 2002) and has been used in prior research with adequate internal consistency (Cronbach's  $\alpha = .84$ ; Juczyński & Ogińska-Bulik, 2018). In the present study, the overall Cronbach's alpha coefficient was .76, indicating acceptable internal consistency.

**Kessler Psychological Distress Scale (K10; Kessler et al., 2002)**

The K10 assesses nonspecific psychological distress (e.g., "How often did you feel hopeless?") using a 5-point scale (None of the time to All of the time). The original timeframe "past 4 weeks" was broadened to "During the time since your traumatic experience" to better capture trauma-related distress, which may persist long after the event. This was done to ensure that trauma-specific distress often extends beyond 30 days (Andrews & Slade, 2001). The K10 has been validated with altered timeframes in prior trauma studies, maintaining strong psychometric properties (Chilver et al., 2025).

**Attitudes Toward Seeking Professional Psychological Help Scale–Short Form (ATSPPHS-SF; Fischer & Farina, 2013)**

This 10-item scale measures openness to professional help (e.g., "I would seek help if upset for a long time") on a 4-point Likert scale (0 = disagree to 4 = agree). It has shown good reliability in Nigerian student populations ( $\alpha = .78$ ; James et al., 2017). In the current sample, Cronbach's  $\alpha = .74$ , indicating acceptable internal consistency. For analysis, participants were categorized as having positive attitudes (scores above the median - 25) or negative attitudes (scores at/below the median - 25). This dichotomization, while pragmatic for group comparison, is acknowledged as a limitation that may obscure nuanced attitudinal variation.

**Procedure**

Ethical Approval was requested for and received from the UNILAG Research Ethics Committee. Informed consent was obtained, emphasizing voluntary participation and anonymity. Self-administered questionnaires were completed in 15–20 minutes. Participants received mental health resources (e.g., counseling center contacts)

**Data Analysis**

Data were analyzed using SPSS 27.0 with the following statistical methods: frequencies and percentages, Means (M), and standard deviations (SD). These descriptive statistics were used to compute scale scores. Pearson's Correlation was used to test the relationship between maladaptive processing and psychological distress. Independent samples t-tests were used to examine gender differences in responses to distress. Linear Regression was adopted to evaluate adaptive processing as a predictor of positive help-seeking attitudes.

## RESULTS

### Socio-demographic Characteristics of Participants

**Table 1: Data Presentation on Demographic Characteristics of Respondents**

| Socio-demographic variables | F (%)      |
|-----------------------------|------------|
| <b>Age Group</b>            |            |
| 16 - 20 years               | 89 (22.9)  |
| 21 - 25 years               | 261 (67.1) |
| 26 - 30 years               | 36 (9.3)   |
| 31 years and Above          | 3 (0.8)    |
| <b>Sex</b>                  |            |
| Male                        | 162 (41.6) |
| Female                      | 227 (58.4) |
| <b>Ethnicity</b>            |            |
| Yoruba                      | 278 (71.5) |
| Igbo                        | 68 (17.5)  |
| Hausa                       | 1 (0.3)    |
| Others                      | 42 (10.8)  |
| <b>Academic Level</b>       |            |
| 100 Level                   | 37 (9.5)   |
| 200 Level                   | 89 (22.9)  |
| 300 Level                   | 40 (10.3)  |
| 400 Level                   | 180 (46.3) |
| 500 Level                   | 34 (8.7)   |
| 600 Level                   | 9 (2.3)    |
| <b>Religion</b>             |            |
| Christians                  | 284 (73.0) |
| Muslims                     | 105 (27.0) |

*Source: fieldwork 2025*

Table 1 presents the socio-demographic characteristics of the 389 participants in this study. The majority of participants were aged 21-25 years (n = 261, 67.1%), followed by those aged 16-20 years (n = 89, 22.9%), 26-30 years (n = 36, 9.3%), and 31 years and above (n = 3, 0.8%). Regarding gender distribution, female participants constituted the majority (n = 227, 58.4%), whereas male participants accounted for 41.6% (n = 162). In terms of ethnicity, Yoruba participants predominated (n = 278, 71.5%), followed by Igbo (n = 68, 17.5%), and other ethnic groups (n = 42, 10.8%). Only one Hausa participant (0.3%) was represented in the sample. The academic level distribution showed that most participants were in 400 Level (n = 180, 46.3%), followed by 200 Level (n = 89,

22.9), 500 Level (n = 34, 8.7%), 100 Level (n = 37, 9.5%), 300 Level (n = 40, 10.3%), and 600 Level (n = 9, 2.3%). Regarding religious affiliation, the majority identified as Christians (n = 284, 73.0%), while 27.0% (n = 105) identified as Muslims.

**Hypothesis 1:** Maladaptive cognitive processing of trauma will have a significant positive relationship with higher levels of psychological distress among Nigerian undergraduates.

**Table 2: Pearson Correlation Analysis Between Cognitive Processing of Trauma and Psychological Distress Among Nigerian Undergraduates**

| Variables                        | Mean  | S.D   | 1    | 2 |
|----------------------------------|-------|-------|------|---|
| 1 Cognitive Processing of Trauma | 80.83 | 12.67 | 1    |   |
| 2 Psychological Distress         | 30.42 | 7.47  | .141 | 1 |

. Correlation is significant at the 0.01 level (2-tailed).

Table 2 reveals that there was a statistically significant but weak positive relationship between the cognitive processing of trauma of respondents ( $r = .141, P < .001$ ) and psychological distress. We accept the hypothesis which states that “Maladaptive cognitive processing of trauma will have a significant positive relationship with higher levels of psychological distress among Nigerian undergraduates”.

**Hypothesis 2:** Female undergraduates will report significantly higher levels of psychological distress compared to male undergraduates.

**Table 3: Independent Samples t-test Comparing Psychological Distress Between Male and Female Nigerian Undergraduates**

|        | N   | Mean  | SD   | df  | t     | p-value |
|--------|-----|-------|------|-----|-------|---------|
| Male   | 162 | 31.82 | 5.90 | 387 | 3.159 | <.001   |
| Female | 227 | 29.42 | 8.27 |     |       |         |

An independent samples t-test was conducted to examine whether female undergraduates would report significantly higher levels of psychological distress compared to male undergraduates. A significant difference was revealed ( $t(387) = 3.159, P = .001$ ) in the scores for Male participants ( $M = 31.82, S.D = 5.90$ ) and in the scores for Female participants ( $M = 29.42, S.D = 8.27$ ), with male Participants having a significantly higher score on psychological distress compared to their female counterparts. Therefore, the hypothesis that states “Female undergraduates will report significantly higher levels of psychological distress compared to male undergraduates” was rejected.

**Hypothesis 3:** Adaptive cognitive processing of trauma will be a significant positive predictor of more positive attitudes toward seeking professional psychological help.

**Table 4: Simple Linear Regression Results for Adaptive Cognitive Processing of Trauma as a Predictor of Attitudes Toward Seeking Professional Psychological Help**

| Variable                | $\beta$ | Beta | T      | Sig   | R    | R <sup>2</sup> | Fcal   | Pv    |
|-------------------------|---------|------|--------|-------|------|----------------|--------|-------|
| ACP of Trauma           | 22.515  |      | 16.599 | <.001 |      | .              |        |       |
| ATSP Psychological Help | .059    | .179 | 3.575  | <.001 | .170 | .032           | 12.780 | <.001 |

*a. Dependent Variable: attitudes toward seeking professional psychological help.*

It was revealed that Adaptive cognitive processing of trauma experience independently predicts attitudes toward seeking professional psychological help given the Beta and P value scores to be ( $\beta = .179$ ,  $P < .001$ ), Furthermore, Adaptive cognitive processing of trauma is responsible for 3.2% variance in attitudes toward seeking professional psychological help (R square = .032) which implies that Adaptive cognitive processing of trauma is explained 3.2% attitudes toward seeking professional psychological help of the participants, at such we accept the hypothesis which state that “Adaptive cognitive processing of trauma will be a significant positive predictor of more positive attitudes toward seeking professional psychological help”.

**Hypothesis 4:** Undergraduates with more positive attitudes toward seeking professional psychological help will report significantly lower levels of psychological distress compared to those with negative attitudes

**Table 5: Independent samples t-test showing the level of attitudes toward seeking professional psychological help for psychological distress,**

|          | N   | Mean  | SD   | df  | t      | p-value |
|----------|-----|-------|------|-----|--------|---------|
| Positive | 130 | 29.54 | 8.58 | 387 | -1.656 | .049    |
| Negative | 259 | 30.86 | 6.82 |     |        |         |

An independent-samples t-test was conducted to examine whether undergraduates with more positive Attitudes toward seeking professional psychological help would report significantly lower levels of psychological distress than those with negative attitudes. A significant difference was revealed ( $t(387) = -1.656$ ,  $P = .049$ ) in the scores for undergraduate who has positive Attitudes Toward Seeking Professional Psychological Help ( $M = 29.54$ ,  $S.D = 8.58$ ) and In the score for undergraduate who has negative Attitudes Toward Seeking Professional Psychological Help ( $M = 30.86$ ,  $S.D = 6.82$ ), with undergraduate who has negative Attitudes Toward Seeking Professional Psychological Help having a significant higher score on psychological distress compared to undergraduate who has positive Attitudes Toward Seeking Professional Psychological Help.

Therefore, the hypothesis that states “Undergraduates with more positive attitudes toward seeking professional psychological help will report significantly lower levels of psychological distress compared to those with negative attitudes” was accepted.

## **DISCUSSION**

The main aim of this study was to examine the impact of cognitive processing of trauma on psychological distress and attitudes toward help-seeking behavior among Nigerian undergraduates. Four specific objectives guided this investigation: examining the relationship between maladaptive cognitive processing and psychological distress, exploring gender differences in distress, assessing whether adaptive processing predicts help-seeking attitudes, and determining whether positive help-seeking attitudes relate to lower distress.

The first finding revealed that maladaptive cognitive processing of trauma has a statistically significant but weak positive correlation with higher levels of psychological distress among Nigerian undergraduates. This aligns with Chaaya et al. (2025), who demonstrated that students reporting higher maladaptive coping strategies following traumatic experiences also exhibited elevated anxiety and depression symptoms. Similarly, Thompson and Farrell (2019) found that students from high-violence regions reported higher psychological distress mediated by maladaptive cognitive processing, suggesting that cognitive interpretations of trauma significantly impact mental health outcomes. This weak but significant relationship may reflect the complexity of trauma responses in collectivistic cultures where social support and spiritual frameworks can buffer against maladaptive cognitions (Yang et al., 2022). The relatively small effect size underscores that while maladaptive processing contributes to distress, it represents only one factor among multiple determinants, including social support, economic stressors, and institutional resources.

Contrary to the second hypothesis, male participants reported significantly higher psychological distress than female participants. This unexpected finding challenges the extensive literature suggesting females experience higher rates of depression and anxiety disorders (McLean et al., 2023; Salk et al., 2017). Several factors may explain this contradiction with Western literature. First, Nigerian masculinity norms discourage emotional expression, potentially leading to internalized distress that manifests as heightened symptoms when measured anonymously (Olanrewaju et al., 2019). Second, male students face unique economic pressures as expected providers, compounding stress beyond academic demands. Third, traditional measures may better capture male-specific distress presentations in this cultural context (Seidler et al., 2016). Additionally, Farhane-Medina et al. (2022) noted that while women report higher anxiety, men report higher substance use and externalizing behaviors, suggesting that distress manifests differently across genders. Our measure may have captured male-specific distress patterns that traditional assessments overlook. This finding highlights the critical need for gender-sensitive mental health interventions that acknowledge masculine distress expressions.

The third finding demonstrated that adaptive cognitive processing of trauma significantly predicted more positive attitudes toward seeking professional psychological help. This is consistent with Calhoun et al. (2022), who posited that individuals engaging in adaptive processing better integrate

traumatic experiences into their life narratives, potentially fostering openness to professional support. Similarly, Farhane-Medina et al. (2022) reported that constructive reinterpretation of trauma enhances perceptions of professional help as a valuable resource. This relationship aligns with the Theory of Planned Behaviour: adaptive processing may shape positive attitudes toward help-seeking by reducing perceived threat and enhancing perceived behavioral control. However, the modest variance explained (only 3.2%) suggests that attitudes toward help-seeking are multiply determined by factors beyond cognitive processing, including cultural stigma, accessibility, and social norms, all components of TPB. This underscores that while cognitive interventions targeting adaptive processing may improve help-seeking attitudes, comprehensive approaches must also address systemic and cultural barriers.

Finally, undergraduates with more positive attitudes toward seeking professional psychological help reported significantly lower levels of psychological distress compared to those with negative attitudes. This supports Vidourek et al. (2014), who found that students with favorable therapy views reported lower anxiety and depression. The relationship likely operates bidirectionally: positive attitudes facilitate help-seeking, which provides coping strategies that reduce distress, while lower distress may also enable more openness to help-seeking. Sagar-Ouriaghli et al. (2019) highlighted that individuals with positive attitudes more readily utilize mental health services, fostering agency and empowerment that further alleviates distress. However, Evans et al. (2024) noted that stigma can inhibit help-seeking even among those recognizing the need, suggesting that contextual factors moderate this relationship. In Nigeria's stigmatized context, positive attitudes may be necessary but insufficient without systemic support.

These findings support both theoretical frameworks guiding this study. Consistent with Ehlers and Clark's (2000) cognitive model, maladaptive processing (negative appraisals, denial) correlated with ongoing distress, suggesting that trauma interpretation, not merely exposure, drives psychological outcomes. This demonstrates that cognitive factors mediate the relationship between trauma and mental health, supporting cognitive interventions targeting appraisal and interpretation. Additionally, the Theory of Planned Behaviour (Ajzen, 1991) was supported: adaptive cognitive processing shaped positive attitudes toward help-seeking, though the modest variance explained underscores that attitudes are also influenced by subjective norms (stigma), perceived behavioral control (access to services), and other contextual factors not measured in this study. This theoretical integration suggests that effective interventions must address both cognitive factors (through trauma-focused therapy) and systemic factors (through stigma reduction and service expansion).

## **Conclusion**

This study concludes that how individuals interpret and internalize traumatic experiences critically shapes their psychological well-being. Maladaptive cognitive processing contributes to psychological distress among Nigerian undergraduates. Attitudes toward help-seeking are closely linked to cognitive processing: individuals who exhibit more adaptive processing are more willing to seek professional support. Importantly, positive help-seeking attitudes correlate with lower distress levels, suggesting potential intervention pathways.

This study makes several unique contributions to Nigerian mental health research. First, it is among the first to simultaneously examine cognitive processing, psychological distress, and help-seeking attitudes in a Nigerian undergraduate sample, demonstrating the interconnections among these constructs. Second, it empirically demonstrates that cognitive models developed in Western contexts have relevance in Nigerian settings, while highlighting important cultural nuances such as the unexpected gender finding wherein males reported higher distress. Third, it identifies cognitive processing as a modifiable intervention target that could simultaneously address both distress and help-seeking barriers, a critical dual pathway for mental health improvement in resource-limited settings. Fourth, by documenting the weak but significant effect of cognitive processing on distress and help-seeking, this research emphasizes the need for comprehensive, multi-level interventions that address individual cognitive factors alongside cultural and systemic barriers.

These findings suggest that trauma-informed interventions targeting maladaptive cognitions while fostering adaptive processing could simultaneously reduce distress and increase service utilization. Specifically, culturally adapted cognitive processing therapy that acknowledges spiritual beliefs and communal values may prove particularly effective in Nigerian contexts. Additionally, psychoeducation programs that normalize help-seeking and challenge stigmatizing beliefs could leverage the relationship between adaptive processing and positive attitudes. Given the systemic barriers documented in this and prior studies, interventions must be paired with policy efforts to expand accessible, affordable, and confidential mental health services within Nigerian universities.

### **Limitations and Future Directions**

Several limitations warrant acknowledgement and suggest directions for future research. The cross-sectional design precludes causal inferences; longitudinal studies are needed to establish temporal relationships between cognitive processing, distress, and help-seeking. The accidental sampling method limits generalizability beyond the University of Lagos population and may introduce selection bias favoring more accessible students. The median split used to categorize help-seeking attitudes, while pragmatic, may obscure nuanced attitudinal variations and reduce statistical power. Self-report measures are susceptible to social desirability bias, particularly for sensitive topics like trauma and mental health in stigmatized contexts. Participants may have under-reported or over-reported experiences. Finally, the study did not assess actual help-seeking behavior; it assessed only attitudes, which may not translate directly into action, given structural barriers.

Future research should employ longitudinal designs to track changes in cognitive processing over time, use probability sampling to enhance generalizability, assess actual help-seeking behaviors alongside attitudes, and examine potential mediators (e.g., social support, stigma) and moderators (e.g., trauma type, severity) of these relationships.

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